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JAN 04 2007

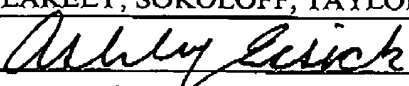
PAGE 1/23 * RCVD AT 1/4/2007 12:57:01 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-3/18 * DNIS:2738300 * CSID:3037406962 * DURATION (mm-ss):09-16

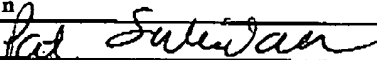
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/039,960
		Filing Date	December 31, 2001
		First Named Inventor	Andrew V. Anderson
		Art Unit	2152
		Examiner Name	Chankong, Dohm
Total Number of Pages in This Submission	23	Attorney Docket Number	42390P9765X2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Essick, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 4, 2007

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan		
Signature		Date	January 4, 2007

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

JAN 04 2007

**FEE TRANSMITTAL
for FY 2006**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/039,960
Filing Date	December 31, 2001
First Named Inventor	Andrew V. Anderson
Examiner Name	Chankong, Dohm
Art Unit	2152
Attorney Docket No.	42390P9765X2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
35	35	50.00	\$0.00
Independent Claims	6	200.00	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(S) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Sumt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)				
SUBTOTAL (2)				(S)

Fee Paid

(S)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Ashley R. Essick	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature	<i>Ashley Essick</i>	Date	01/04/07		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004
 SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460

JAN 04 2007

**FEE TRANSMITTAL
for FY 2006**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/039,960
Filing Date	December 31, 2001
First Named Inventor	Andrew V. Anderson
Examiner Name	Chankong, Dohm
Art Unit	2152
Attorney Docket No.	42390P9765X2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
35	38	0	50.00
Independent Claims	6	0	200.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	350	180	Multiple Dependent claim, if not paid
1204	2204	750	395	Reissue independent claims over original patent
1205	2205	300	150	Reissue claims in excess of 20 and over original patent

*or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1) (\$) 0.00

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	2051	130	85	Surcharge - late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet
2053	2053	130	130	Non-English specification
1251	2251	120	60	Extension for reply within first month
1252	2252	450	225	Extension for reply within second month
1253	2253	1,020	510	Extension for reply within third month
1254	2254	1,590	795	Extension for reply within fourth month
1255	2255	2,160	1,080	Extension for reply within fifth month
1401	2401	900	250	Notice of Appeal
1402	2402	500	250	Filing a brief in support of an appeal
1403	2403	1,000	500	Request for oral hearing
1451	2451	1,510	1,510	Petition to institute a public use proceeding
1460	2460	130	130	Petitions to the Commissioner
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)
1808	1808	180	180	Submission of Information Disclosure Stmt.
1809	1809	750	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	750	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify):

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) Ashley R. Essick

Registration No.
(Attorney/Agent)

55,515

Complete (if applicable)

Telephone

(303) 740-1980

Signature

Ashley R. Essick

Date

01/04/07

Based on PTO/5B/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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**RESPONSE UNDER 37 C.F.R. § 1.116
- EXPEDITED PROCEDURE --
EXAMINING GROUP 2100**

Our Docket No.: 42P9765X2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Anderson

Application No.: 10/039,960

Filed: 12/31/2001

For: **METHOD AND APPARATUS FOR
MESSAGE ESCALATION BY
DIGITAL ASSISTANTS**Examiner: **Chankong, Dohm**

Art Group: 2152

RESPONSE AFTER FINALCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 11/13/2006 which was made final, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

January 4, 2007

Date of Transmission

Pat Sullivan

Name of Person Transmitting Correspondence

Signature

Pat Sullivan

01/04/2007

Date